

Maryland Department of Budget & Management

Office of the Secretary

PARRIS N. GLENDENING
Governor

FREDERICK W. PUDDISTER
Secretary

T. ELOISE FOSTER
Deputy Secretary

DBM PROCUREMENT DIRECTIVE

DBM Number: 97-04

Effective Date: 11/1/97

Subject:	Replacement of BB-4 With New Procurement Transmittal Forms
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A. Purpose

The purpose of this directive is to implement a revised format for agencies to follow when requesting authorization of procurement actions.

B. Application/ Exceptions

The **DBM Procurement Transmittal** and related attachments replace the DBM form BB-4 - Department of Budget and Management Request For Approval of Solicitation/ Contract For Services or Information Technology (IT) Hardware, Software or Services.

C. Policies/Procedures

Effective 9/1/97, requests for DBM approval of procurement actions must be submitted with the **DBM Procurement Transmittal** and related attachments. However, agencies may begin using this new format immediately. The forms with instructions are included with this directive. Copies of these forms are also available upon request on diskette, and/or by E-mail. Submit such requests to the Procurement Unit at (410) 974-2174 or (410) 974-3274 (Fax).

Each submission will include a Procurement Transmittal and one of the following attachments, depending on the anticipated action: a) Solicitation, b) New Contract, c) Option on an existing contract, d) Modification of an existing contract, or e) Cancellation/Rejection. For each submission include the original (i.e., with original signatures) and one copy of the

procurement transmittal and attachment. Also, a diskette with the same information or an E-mail transmission must accompany each submission. E-mail should be addressed to marys@dbm.state.md.us. Although an E-mail receipt may precede the receipt of the physical forms by several days, actual processing within DBM will not commence until the physical forms are received. If E-mail has been used as a transmission medium, the physical submission should note that fact.

Note that any item under protest, or for which a protest decision is being appealed, and which does not require BPW approval, should not be sent to DBM for approval. See COMAR 21.10.02.11.B.

Department of Budget and Management

Procurement Transmittal

Instructions

This transmittal, and related attachments, are submitted to DBM for approval of certain Services and Information Technology Procurement actions. For clarification of the scope of DBM approval authority refer to DBM Procurement Directive #97-05. Please respond to all items - indicate “not applicable” or “none” if appropriate. As is readily apparent, this transmittal is no longer a form to be completed, as the BB-4 was. Rather, it is essentially a questionnaire. Agencies may take as many pages as deemed necessary to answer these questions. Moreover, a submission can be in any commonly used word processing program, i.e., Word or WordPerfect. All numbered and underlined items must appear on the agency submission.

1. Agency Identification Number: DBM Control #:
(DBM use only)

Always complete a unique agency identification number.

Do not duplicate other agency identification number. However, this same number should be entered in item #1 on the associated attachment to this transmittal (see item #8 below).

2. DBM Control Number of any Previously Approved Related Action:

Include the 6-digit Control Number for any previously approved related action. All related actions will share a six-digit Control Number, with an appropriate prefix or suffix unique to each action. For example, an approved Solicitation would have a Control Number S123456. The subsequent related contract would have Control Number C123456. The first subsequent related Modification would have Control Number C123456M1. The first subsequent related Option would have Control Number C123456O1, and so on.

3. Name of Submitting Agency (RSTARS Financial Agency Name):

*Enter the R*STARS Financial Agency Name. Please use the full name, spelled out, rather than code letters.*

4. Appropriation Code of Submitting Agency (8 characters):

Enter the complete 8-digit budget Appropriation Code (not PCA code) for the primary program within the submitting agency where this contract will be charged.

5. PCA:
6. Agency Object:

Department of Budget and Management

Procurement Transmittal

Instructions (continued)

7. Comptroller's Object:

8. Requested Action (enter one of the following):

Solicitation - *Complete the Solicitation Attachment*

New Contract - *Complete the New Contract Attachment, and*

Option on an Existing Contract - *Complete the Option Attachment*

— *include a complete historical list that identifies all modifications and options that have occurred to date. Include in that list the modification or option number, dollar value, and period covered.*

Modification of an Existing Contract - *Complete the Modification Attachment*

— *include a complete historical list that identifies all modifications and options that have occurred to date. Include in that list the modification or option number, dollar value, and period covered.*

Rejection/ Cancellation - *Complete the Rejection/ Cancellation Attachment.*

9. Title:

Provide a brief (one-line) identifier for this Procurement Action.

10. Description:

Provide a brief description of what is being bought and why. Also provide a brief explanation why the service cannot be obtained from ANY State entity.

11. Actual or Anticipated Cost of this Action (include Total and FY detail):

Amounts are to be entered for each appropriate State fiscal year. When completing these items be aware that the contract year may not be the same as the State fiscal year and the amounts for each State fiscal year may differ from the amounts for each contract year.

Department of Budget and Management

Procurement Transmittal

Instructions (continued)

If Solicitation, enter the estimated value of the future contract. Otherwise, enter how much will be paid to the vendor (or received from the vendor if revenue producing) during each appropriate State fiscal year, and the total Cost/Value to the State.

Summarize all fiscal years and enter the total cost/value of the contract in the space provided. Place the initials "NTE" next to this amount if this contract is a "not to exceed" rather than a "firm" amount. For any NTE item include the manner in which the NTE amount was determined, e.g., a fixed unit cost times a maximum number of units to be purchased.

12. Estimated Additional Cost to the State:

List the estimated additional costs to the State, e.g., personnel, equipment, supplies, payroll taxes, etc., not paid to this vendor. The amount listed in this block must include what will be paid out to anyone other than this vendor because of this Procurement action including any State support/implementation and personnel costs. If none, state "none."

13.	<u>Fund Source:</u>	General	%	
		Federal		%
		Special		%
		Reimbursable	%	
		Current Unrestricted	%	
		Current Restricted	%	

Enter the fund type and the percentage for each. Fund types cited must total 100 percent.

14. Sufficient Funds to Pay for the Actual or Anticipated Cost of This Action are Available From:

- a. Appropriation Code(s):
- b. RSTARS Program:
- c. Comptroller's Object:
- d. Dollar Amount:

Department of Budget and Management

Procurement Transmittal

Instructions (continued)

***Note:** Enter in items a., b., and c. the appropriate budget codes to identify the sources of the funds to be used to fund these services. These fund sources may be line items designated for these services in the appropriation of the Financial Agency or other line items where surpluses are expected that could be used to fund these services. Do not write “future budget amendment” or “contingent fund.” Contact the DBM Budget Analyst assigned to your agency if there is any question on sufficiency of funding. Note that the Fiscal Officer and the Agency Head/Designee attest to the accuracy of the sufficiency of funds statement by their signatures on the appropriate Attachment. Fiscal Officers and Agency Head/Designees should comply with all appropriate current Budget Bill language if a budget amendment is to be used to fund a contract. For example, Section 27, Paragraph 4 in the Fiscal Year 1997 Budget Bill reads: “No expenditure or contractual obligation of funds authorized by a proposed budget amendment may be made prior to approval of that amendment by the Governor.”*

Department of Budget and Management

Procurement Transmittal - Solicitation - Attachment

Instructions

1. Agency Identification Number: DBM Control #:

DBM use only

Always complete a unique agency identification number.

Do not duplicate other agency identification number. However, this should be the same number entered in item #1 on the procurement transmittal.

2. Title:

Provide a brief (one-line) identifier for this Procurement Action. Use the exact Title that appears in item #9 on the accompanying Procurement Transmittal.

3. Procurement Method to be used (indicate one of the following):

Competitive Sealed Bidding
Multi-step Sealed Bidding
Competitive Sealed Proposals
Cooperative Purchasing
Non-competitive Negotiated Procurement of Human,
Social or Educational Services

4. If other than Competitive Sealed Bidding, explain why this method is appropriate:

5. If Competitive Sealed Proposals is the method to be used, has Economic Benefit been included as an Evaluation Criteria? If not, please explain.

6. Is there a Reciprocal Preference clause in the Solicitation? If not, please explain.

7. Is there a Bonding Requirement? If so, please include an explanation of how the appropriateness of this requirement was determined.

8. Duration of Contract:

9. Anticipated Start Date of Contract:

10. Anticipated End Date of Contract:

Department of Budget and Management

Procurement Transmittal - Solicitation - Attachment

Instructions (continued)

11. Anticipated Option Period(s):

12. Anticipated distribution/ Notice of Solicitation (indicate "X" all that apply):

- Contract Weekly
- Electronic Bulletin Board/WEB page
- Newspapers
- Journal/Trade Publication
- Bid Board

13. Vendors to be directly solicited:

This does not include all vendors who may respond to solicitation notice. If five or fewer, list Name, City and State for each.

If greater than five, include an approximate number:

14. Anticipated number of resident vendors to be solicited:

15. Does the solicitation have a MBE subcontracting goal? If so what is the % and how was this determined? If not, please provide an explanation.

16. Anticipated number of MBEs to be directly solicited:

17. Agency Approval Signature & Printed Name Phone # Date

- a. Requester
- b. Fiscal Officer
- c. Agency Head/ Designee
- d. Other Agency Approval
- e. Procurement Officer

Department of Budget and Management

Procurement Transmittal - Solicitation - Attachment

Instructions (continued)

Agency approval Blocks a., b., c., and e. are required to be completed for each Procurement action.

- a. Enter the signature and printed name, phone # and signature date of the agency individual initiating the procurement.*
- b. Enter the signature and printed name, phone # and signature date of the agency fiscal officer or agency budget official who certifies sufficient funds are available to cover the anticipated contract costs.*
- c. Enter the signature and printed name, phone # and signature date of the agency head or designee of the agency head who certifies that sufficient funds are available to cover the anticipated contract costs.*
- d. This item is for the use of the submitting agency, if appropriate or needed.*
- e. Enter the signature and printed name, phone # and signature date of the agency Procurement Officer who will be responsible for the solicitation or award of the contract.*

18. DBM Approval *Item 18 must be left blank (for DBM internal use only).*

es No Signature & Printed Name Date

- a. Other State Approval (if required)
- b. DBM Procurement Analyst
- c. DBM Budget Analyst

Department of Budget and Management

Procurement Transmittal - New Contract - Attachment

Instructions

1. Agency Identification Number:

DBM Control #:

DBM use only

Always complete a unique agency identification number.

Do not duplicate other agency identification number. However, this should be the same number entered in item #1 on the procurement transmittal.

2. Title:

Provide a brief (one-line) identifier for this Procurement Action. Use the exact Title that appears in item #9 on the accompanying Procurement Transmittal.

3. Procurement Method used (enter one of the following):

For all of the following methods except for Sole Source, Preference Purchase, and , in some circumstances, for cooperative Purchasing, the item must be submitted for BPW approval when there is only one bidder/offeror.

Competitive Sealed Bidding

- *Provide DBM Control number for Solicitation, or explain why Solicitation was not approved by DBM.*
- *If there is only one bidder this item must be submitted for BPW approval.*

Multi-step Sealed Bidding

- *Provide DBM Control number for Solicitation, or explain why Solicitation was not approved by DBM.*
- *For any vendor determined to be unacceptable provide a brief explanation.*

Department of Budget and Management

Procurement Transmittal - New Contract - Attachment

Instructions (continued)

Competitive Sealed Proposals

- *Provide DBM Control number for Solicitation, or explain why Solicitation was not approved by DBM.*
- *Include the following:*
 - a. *The technical rank of each offeror, including point scores if the RFP stated that points would be assigned. Identify any offerors that were not reasonably susceptible of being selected for award.*
 - b. *The financial proposal amount (final amount if best and final offers were solicited) including point scores if the RFP stated that points would be assigned.*
 - c. *A composite ranking of all offerors' technical and financial standing. This composite ranking should include total point scores if points were assigned based upon a statement in the RFP that this would be done.*
 - d. *An indication of the relative weight of the technical proposal versus the financial proposal in the overall award determination. (Indicate specific weight ratios if these were listed in the RFP, i.e., 50% technical, 50% financial, 60/40, 40/60, etc.)*
 - e. *A narrative description of why the vendor recommended for the award was so designated. What were its strengths relative to other offerors.*
 - f. *A definitive statement from the procurement officer that the selected vendor is the most advantageous offeror.*

Negotiated Award after Unsatisfactory Competitive Sealed Bidding

- *Provide DBM Control number for Solicitation, or explain why Solicitation was not approved by DBM.*

Department of Budget and Management

Procurement Transmittal - New Contract - Attachment

Instructions (continued)

Sole Source

— *If there is only one bidder this item must be submitted for BPW approval.*

— *Include the following:*

- a. *A sole source determination signed by the procurement officer and the agency head or designee, or*
- b. *For human, social, or educational items that are sole sourced due to continuity of care, a determination from the program head that such continuity is clinically necessary.*

Non-competitive Negotiated Procurement of Human, Social or Educational Services

Preference Provider

Cooperative Purchasing

4. If an out of state vendor is selected, did you check to see whether there was a preference in the vendor's home state concerning the subject of the contract? What was the result?
5. Is this a BPW item?
6. Is this a revenue producing contract?
7. Duration of Contract:
8. Start Date of Contract:
9. End Date of Contract:
10. Option Period(s):

Department of Budget and Management

Procurement Transmittal - New Contract - Attachment

Instructions (continued)

11. **Selected Vendor's:**

Name:

Social Security Number/ Federal Employer Identification Number:

Address (City and State):

Is this a Resident Business (as per BPW Directive P-003-95 Revised)?

12. **Bidders:**

<u>Name</u>	<u>Address (City & State)</u>	<u>Bid Amount</u>	<u>Is this a MBE?</u>
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13. **Does the contract have a certified MBE subcontractor participation goal? If so, what?**

A. **Identify the certified MBE(s) which will be used to meet this subcontracting goal.**

Name:

Social Security Number/ Federal Employer Identification Number:

MDOT Certification #:

Address (City and State):

B. **If any waiver was granted from the established goal, explain how much and why.**

14. <u>Agency Approval</u>	<u>Signature & Printed Name</u>	<u>Phone #</u>
<u>Date</u>		

- a. **Requester**
- b. **Fiscal Officer**
- c. **Agency Head/ Designee**
- d. **Other Agency Approval**
- e. **Procurement Officer**

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Procurement Transmittal - New Contract - Attachment

Instructions (continued)

Agency approval Blocks a., b., c., and e. are required to be completed for each Procurement action.

- a. Enter the signature and printed name, phone # and signature date of the agency individual initiating the procurement.*
- b. Enter the signature and printed name, phone # and signature date of the agency fiscal officer or agency budget official who certifies sufficient funds are available to cover the anticipated contract costs.*
- c. Enter the signature and printed name, phone # and signature date of the agency head or designee of the agency head who certifies that sufficient funds are available to cover the anticipated contract costs.*
- d. This item is for the use of the submitting agency, if appropriate or needed.*
- e. Enter the signature and printed name, phone # and signature date of the agency Procurement Officer who will be responsible for the solicitation or award of the contract.*

15. **DBM Approval** Item 15 must be left blank (for DBM internal use only).

- | | <u>Yes</u> | <u>No</u> | <u>Signature & Printed Name</u> | <u>Date</u> |
|---|------------|-----------|-------------------------------------|-------------|
| a. <u>Other State Approval (if required)</u> | | | | |
| b. <u>DBM Procurement Analyst</u> | | | | |
| c. <u>DBM Budget Analyst</u> | | | | |

Department of Budget and Management

Procurement Transmittal - Option on an Existing Contract - Attachment

Instructions

1. **Agency Identification Number:** **DBM Control #:**

DBM use only

Always complete a unique agency identification number.

Do not duplicate other agency identification number. However, this should be the same number entered in item #1 on the procurement transmittal.

2. **Title:**

Provide a brief (one-line) identifier for this Procurement Action. Use the exact Title that appears in item #9 on the accompanying Procurement Transmittal.

3. **Was any attempt made to obtain better prices or deliverables (e.g., via a modification, or re-bidding) prior to deciding to exercise this option?**

If yes, what was the result

If no, why not?

In either case, why is it in the best interest of the state to approve this option rather than seek a new contract?

4. **Provide DBM Control Number for original contract, or explain why DBM approval was not obtained.**

5. **Was the original contract a BPW item?** **If yes, provide:**

- a. **BPW Approval Date:**
- b. **BPW Agenda Item #:**

6. a. **Option #:**

Include a complete historical list that identifies all modifications and options that have occurred to date. Include in that list the modification or option #, dollar value and period covered.

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Procurement Transmittal - Option on an Existing Contract - Attachment

Instructions (continued)

b. Original Contract \$ Amount:

c. Option \$ Amount:

d. Revised Total Contract Amount:

e. % Change of this Option:

Enter the percentage change of this Option from the original contract amount. This is calculated by dividing this requested Option amount in item 6c. by the Original Contract Amount in item 6b. The result is multiplied by 100 to get a percentage to the nearest tenth.

f. % Change of all Options:

Enter the percentage change of all Options and Modifications from the original contract amount. This is calculated by dividing the amount of total options and modifications (revised total contract amount less original amount) divided by the original contract amount; multiply by 100 to get a percentage to the nearest tenth.

$$\frac{(\text{Revised Total Contract Amount} - \text{Original Contract Amount})}{\text{Original Contract Amount}} \times 100$$

7. Is this a revenue producing contract?

8. Duration of Original Contract:

9. Start Date of Option:

10. End Date of Option:

11. Agency Approval Signature & Printed Name Phone # Date

a. Requester

b. Fiscal Officer

c. Agency Head/ Designee

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Procurement Transmittal - Option on an Existing Contract - Attachment

Instructions

d. Other Agency Approval

e. **Procurement Officer**

Agency approval Blocks a., b., c., and are required to be completed for each Procurement action.

- a. *Enter the signature and printed name, phone # and signature date of the agency individual initiating the procurement.*
- b. *Enter the signature and printed name, phone # and signature date of the agency fiscal officer or agency budget official who certifies sufficient funds are available to cover the anticipated contract costs.*
- c. *Enter the signature and printed name, phone # and signature date of the agency head or designee of the agency head who certifies that sufficient funds are available to cover the anticipated contract costs.*
- d. *This item is for the use of the submitting agency, if appropriate or needed.*
- e. *Enter the signature and printed name, phone # and signature date of the agency Procurement Officer who will be responsible for the solicitation or award of the contract.*

12. **DBM Approval** Item 12 must be left blank (for DBM internal use only).

- | | <u>Yes</u> | <u>No</u> | <u>Signature & Printed Name</u> | <u>Date</u> |
|---|------------|-----------|-------------------------------------|-------------|
| a. <u>Other State Approval (if required)</u> | | | | |
| b. <u>DBM Procurement Analyst</u> | | | | |
| c. <u>DBM Budget Analyst</u> | | | | |

Department of Budget and Management

Procurement Transmittal - Modification of an Existing Contract - Attachment

Instructions

1. Agency Identification Number: DBM Control #:

DBM use only

Always complete a unique agency identification number.

Do not duplicate other agency identification number. However, this should be the same number entered in item #1 on the procurement transmittal.

2. Title:

Provide a brief (one-line) identifier for this Procurement Action. Use the exact Title that appears in item #9 on the accompanying Procurement Transmittal.

3. Describe how the proposed modification is within the scope of the original contract, i.e. whether the requested action is a material _____ non-material change _____ (see Procurement Directive 97-05).

4. Explain why it is in the best interest of the state to approve the proposed modification rather than seek a new contract.

5. Provide DBM Control Number for original contract, or explain why DBM approval wasn't obtained.

6. Was the original contract a BPW item? If yes, provide:

- a. BPW Approval Date:
- b. BPW Agenda Item #:

7. a. Modification #:

Include a complete historical list that identifies all modifications and options that have occurred to date. Include in that list the modification or option #, dollar value and period covered.

- b. Original Contract \$ Amount:
- c. Modification \$ Amount:
- d. Revised Total Contract Amount:

Department of Budget and Management

Procurement Transmittal - Modification of an Existing Contract - Attachment

Instructions

e. **% Change of this Modification:**

Enter the percentage change of this Modification from the original contract amount. This is calculated by dividing this requested Modification amount in item 7c. by the Original Contract Amount in item 7b. multiplied by 100 to get a percentage to the nearest tenth.

f. **% Change of all Modifications:**

Enter the percentage change of all Options and Modifications from the original contract amount. This is calculated by dividing the amount of total options and modifications (revised total contract amount less original amount) divided by the original contract amount. The result is multiplied by 100 to get a percentage to the nearest tenth.

$$\frac{(\text{Revised Total Contract Amount} - \text{Original Contract Amount})}{\text{Original Contract Amount}} \times 100$$

8. **Is this a revenue producing contract?**

9. **Agency Approval** **Signature & Printed Name** **Phone #** **Date**

a. **Requester**

b. **Fiscal Officer**

c. **Agency Head/ Designee**

d. **Other Agency Approval**

e. **Procurement Officer**

Agency approval Blocks a., b., c., and e are required to be completed for each Procurement action.

- a. *Enter the signature and printed name, phone # and signature date of the agency individual initiating the procurement.*

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Procurement Transmittal - Modification of an Existing Contract - Attachment

Instructions

- b. *Enter the signature and printed name, phone # and signature date of the agency fiscal officer or agency*

budget official who certifies sufficient funds are available to cover the anticipated contract costs.

- c. Enter the signature and printed name, phone # and signature date of the agency head or designee of the agency head who certifies that sufficient funds are available to cover the anticipated contract costs.*
- d. This item is for the use of the submitting agency, if appropriate or needed.*
- e. Enter the signature and printed name, phone # and signature date of the agency Procurement Officer who will be responsible for the solicitation or award of the contract.*

10. **DBM Approval** *Item 10 must be left blank (for DBM internal use only).*

- | | <u>Yes</u> | <u>No</u> | <u>Signature & Printed Name</u> | <u>Date</u> |
|---|------------|-----------|-------------------------------------|-------------|
| a. <u>Other State Approval (if required)</u> | | | | |
| b. <u>DBM Procurement Analyst</u> | | | | |
| c. <u>DBM Budget Analyst</u> | | | | |

Department of Budget and Management

Procurement Transmittal - Cancellation or Rejection - Attachment

Instructions

1. **Agency Identification Number:**

DBM Control #:

DBM use only

Always complete a unique agency identification number.

Do not duplicate other agency identification number. However, this should be the same number entered in item #1 on the procurement transmittal.

2. **Title:**

Provide a brief (one-line) identifier for this Procurement Action. Use the exact Title that appears in item #9 on the accompanying Procurement Transmittal.

3. Requested Action (indicate “X” only one):

For either requested action provide DBM control number for solicitation or explain why solicitation was not approved by DBM.

— **To cancel a Solicitation**

Thoroughly explain why it is appropriate to cancel the solicitation.

— **Reject all bids or proposals**

Thoroughly explain why it is appropriate to reject all bids or proposals.

DBM - PT (7/16/97)